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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 915125

Total Fee Calculation

Fee Code	Total # Claims	Number Item	x	Fee	Fee	= Total
Subj				\$		
Basic Filing Fee	<u>201100</u>					
Total Claims > 20	<u>201100</u>	<u>21</u>	<u>.00</u>	<u>21</u>	<u>00</u>	<u>21</u>
Independent Claims > 0	<u>201100</u>	<u>7</u>	<u>.00</u>	<u>7</u>	<u>00</u>	<u>7</u>
Multiple Dep. Claim Present	<u>204100</u>					
Surcharge	<u>100100</u>					
English Translation	<u>110</u>					

TOTAL FEE CALCULATION

Fees due upon filing the application

Total Filing Fees Due = \$ 115.00

Less Filing Fees Submitted = \$ 0.00

BALANCE DUE = \$ 115.00

Office of Initial Patent Examination

Figure 7

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY
TYPE

OTHER THAN
SMALL ENTITY
OR

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	25 minus 20 =	5
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		

RATE	Fee
	345.00
XS 9=	
X39=	
+130=	
TOTAL	

RATE	Fee
	690.00
XS18=	
X78=	
+260=	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY
OR

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
XS 9=	
X39=	
+130=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
XS18=	
X78=	
+260=	
TOTAL ADDT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
XS 9=	
X39=	
+130=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
XS18=	
X78=	
+260=	
TOTAL ADDT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
XS 9=	
X39=	
+130=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
XS18=	
X78=	
+260=	
TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.